

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. **09/733,640**
APPLICANT(S)

FILING DATE

CLAIMS

6-21-04		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		6-21-04					
NO	DEP	NO	DEP	NO	DEP	NO	DEP	NO	DEP	NO	DEP
1	/					51	/				
2	/					52	/				
3	/					53	/				
4	/					54	/				
5	/					55	/				
6	/					56	/				
7	/					57	/				
8	/					58	/				
9	/					59	/				
10	/					60					
11	/					61					
12	/					62					
13	/					63					
14	/					64					
15	/					65					
16	/					66					
17	/					67					
18	/					68					
19	/					69					
20	/					70					
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23	/					73					
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32	/					82					
33	/					83					
34	/					84					
35	/					85					
36	/					86					
37	/					87					
38	/					88					
39	/					89					
40	/					90					
41	/					91					
42	/					92					
43	/					93					
44	/					94					
45	/					95					
46	/					96					
47	/					97					
48	/					98					
49	/					99					
50	/					100					
TOTAL NO.	1					TOTAL NO.	1				
TOTAL DEP.	1					TOTAL DEP.	1				
TOTAL CLAIMS	1					TOTAL CLAIMS	1				